Fill in this information to identify your		
United States Bankruptcy Court for the: DISTRICT OF MARYLAND		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Part 1:

Identify Yourself

Voluntary Petition for Individuals Filing for Bankruptcy

Business name

Business name

Business name

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your **Grace** government-issued picture First Name identification (for example, **G** Denise your driver's license or Middle Name Middle Name passport). Petit Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name 3. Only the last 4 digits of xxx - xx - 4 1 4 7your Social Security number or federal OR Individual Taxpayer Identification number (ITIN) Any business names ✓ I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer

Identification Numbers

(EIN) you have used in the last 8 years

Include trade names and doing business as names

Business name

Business name

Business name

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Debtor 1 Grace G De		Grace G Denise Petit			Case number (if known)			
			Abo	out Debtor 1:	Ab	out Debtor 2 (Spouse Only in a Joint Case):		
			EIN		EIN	. — - — — — — —		
			EIN		EIN	. — - — — — — —		
5.	Where	you live			If D	ebtor 2 lives at a different address:		
			352	Delmar Court				
			Num	ber Street	Nur	nber Street		
				ngdon MD 21009				
			City	State ZIP Code	City	State ZIP Code		
			Cou	rford	— Cou	inty		
			the cou	our mailing address is different from one above, fill it in here. Note that the rt will send any notices to you at this ing address.	fro will	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
			Num	ber Street	Number Street			
			P.O.	Вох	P.O	. Вох		
			City	State ZIP Code	City	State ZIP Code		
6.		ou are choosing strict to file for	Che	eck one:	Ch	eck one:		
	bankru		V	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
				I have another reason. Explain. (See 28 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Р	art 2:	Tell the Court Abo	ut Y	our Bankruptcy Case				
		iptcy Code you		k one: (For a brief description of each, see ankruptcy (Form 2010)). Also, go to the top		quired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.		
	are cho	oosing to file	7	Chapter 7				
			_	Chapter 11				
			_	Chapter 12				
			_ 	Chapter 13				
			□ [′]	Shaptor 10				

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Deb	otor 1 Grace G Denise Pe	etit	Case number (if known)					
8.	How you will pay the fee	p:	ourt for more details about how ay with cash, cashier's check, o	file my petition. Please check with a you may pay. Typically, if you are pay money order. If your attorney is sulth a credit card or check with a pre-preserved.	aying the fee yourself, you may bmitting your payment on your			
				nents. If you choose this option, sign a in Installments (Official Form 103A).				
		B th fe	y law, a judge may, but is not re an 150% of the official poverty e in installments). If you choos	d (You may request this option only if equired to, waive your fee, and may d line that applies to your family size a se this option, you must fill out the Ap 103B) and file it with your petition.	o so only if your income is less nd you are unable to pay the			
9.	Have you filed for	√ N	0					
	bankruptcy within the last 8 years?	□ Y	es.					
		District		When	Case number			
		District						
		Diotilo	-	MM / DD / YYYY	Case number			
		District		When	Case number			
10.	Are any bankruptcy	√ N	0					
	cases pending or being filed by a spouse who is	□ Y	es.					
	not filing this case with you, or by a business	Debtor		Relations	ship to you			
	partner, or by an	District			Case number,			
	affiliate?			MM / DD / YYYY	if known			
		Debtor		Relations	ship to you			
		District		When	Case number,			
				MM / DD / YYYY	if known			
11.	Do you rent your residence?	□ N		d an eviction judgment against you?				
			_	tatement About an Eviction Judgmen his bankruptcy petition.	t Against You (Form 101A)			

Debtor 1		Grace G Denise Per	tit		Case number (if known)									
P	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole P	roprietor							
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness								
	busines	A sole proprietorship is a business you operate as an			Name of business, if any									
	separat	al, and is not a e legal entity such as ration, partnership, or			Number Street									
	-	ave more than one oprietorship, use a			City			State	ZIP Co	ode				
	separat	e sheet and attach it			Check the appropriate	box to de	scribe your busin	ess:						
	to this petition.				Health Care Busi Single Asset Rea Stockbroker (as of Commodity Broke) None of the above	Il Estate (a defined in er (as defir	s defined in 11 U 11 U.S.C. § 101(5	J.S.C. § 101(51E 53A))	3))					
(Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can mos	set ap	filing under Chapter 11, propriate deadlines. If you balance sheet, statem if these documents do no	you indica	te that you are a serations, cash-flo	small business ow w statement, and	debtor, you d federal ir	must attach your ncome tax return				
	debtor	debtor?	abla	No.	I am not filing under C	hapter 11.								
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but	I am NOT a sma	II business debt	or accordin	ng to the definition in					
			Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and	I am a small bus	iness debtor acc	cording to	the definition in the					
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property	or Any Prop	erty That Ne	eds Imn	nediate Attention				
14.	propert alleged immine	roperty that poses or is lleged to pose a threat of		Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable		property that poses or is alleged to pose a threat of mminent and identifiable		No Yes.	What is the hazard?					
	safety? any pro	to public health or Or do you own operty that needs ate attention?			If immediate attention	is needed	, why is it needed	?						
	perisha livestoc a buildii	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent		ishable goods, or			Where is the property? Number Street							
	repairs':	,												
						City			State	ZIP Code				

Debtor 1 Grace G Denise Petit Case number (if known)

Part 5: **Explain Your Efforts to Receive a Briefing About Credit Counseling**

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Г	Iamı	not requ	ired to	receive	а	briefing	abou
Т				ecause o			

Incapacity. I have a mental illness or a mental deficiency that makes me

> incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Г	I am not required to receive a briefing a	bout
_	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1		Grace G Denise Petit					Case number (if known)				
P	art 6:	Answer These C	uesti	ions fo	or Reporting F	urpos	es				
16.	What k have?	ind of debts do you	16a.	as "ir		vidual pr b.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."		
			16b.	mone	ey for a business on No. Go to line 16 Yes. Go to line 1	or investi c. 7.	iness debts? Business debt ment or through the operation that are not consumer or bus	of the			
17	Are vo	u filing under									
17.	-	Are you filing under Chapter 7?		No.	am not filing und	ler Chap	ter 7. Go to line 18.				
	any exc exclude admini are pai availab	estimate that after empt property is ed and strative expenses d that funds will be ble for distribution ecured creditors?		i	•	•	•		xempt property is excluded and to distribute to unsecured creditors?		
18.		any creditors do timate that you		1-49 50-99 100-19 200-99			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.		uch do you te your assets to th?		\$100,0	,000 1-\$100,000 01-\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.		uch do you te your liabilities to		\$100,0	,000 1-\$100,000 01-\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

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Debtor 1	Grace G Denise Pet	it	Case number (if known)
Part 7:	Sign Below		
For you	-	I have examined this petition, and I declare under and correct.	er penalty of perjury that the information provided is true
		•	are that I may proceed, if eligible, under Chapter 7, 11, 12, and the relief available under each chapter, and I choose to
		If no attorney represents me and I did not pay or fill out this document, I have obtained and read t	agree to pay someone who is not an attorney to help me the notice required by 11 U.S.C. § 342(b).
		I request relief in accordance with the chapter of	title 11, United States Code, specified in this petition.
		ng property, or obtaining money or property by fraud in fines up to \$250,000, or imprisonment for up to 20 years, 1.	
		X /s/ Grace G Denise Petit Grace G Denise Petit, Debtor 1	X Signature of Debtor 2
		Executed on <u>03/05/2019</u> MM / DD / YYYYY	Executed on MM / DD / YYYY

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Debtor 1 Grace G Denise	Petit	Case number (if known)						
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named eligibility to proceed under Chapter 7, 1 relief available under each chapter for	1, 12, or 13 of title 11, United Sta	ates Code, and have explained the					
f you are not represented by an attorney, you do not need to file this page.	the debtor(s) the notice required by 11	the debtor(s) the notice required by 11 U.S.C. \S 342(b) and, in a case in which \S 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition						
	X /s/ Sonila Isak Wintz Signature of Attorney for Debtor	Date	03/05/2019 MM / DD / YYYY					
	Sonila Isak Wintz							
	Printed name The Isak Law Firm							
	Firm Name 808 Baltimore Pike							
	Number Street							
	Bel Air	MD	21014					
	City	State	ZIP Code					
	Contact phone (443) 854-6666	Email address sonila	a@isaklaw.com					

State

29803 Bar number

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F	ill in this inf	ormation to	dentify your case	and this filing:		
	ebtor 1	Grace	G Denise	Petit		
		First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		
lυ	nited States Bar	nkruptcy Court fo	or the: DISTRICT OF	MARYLAND		
	ase number				— Charle	if the in an
(if	known)			_		if this is an led filing
~		4004/5				
	ficial Form					12/15
5 (nedule A	B: Propert	У			12/15
the filir she	asset in the cang together, bo	ategory where y th are equally ro . On the top of	ou think it fits best. E esponsible for supply any additional pages,	se as complete and ac ing correct informatio write your name and	e. If an asset fits in more than one ca curate as possible. If two married pon. If more space is needed, attach a case number (if known). Answer eve	eople are separate ery question.
ŀ	art 1: Des	scribe Each	Residence, Buildii	ng, Land, or Other	Real Estate You Own or Have	an Interest In
1.	-	, ,	al or equitable interes	t in any residence, bu	ilding, land, or similar property?	
	✓ No. Go t Yes. Wh	o Part 2. ere is the prope	rty?			
2.		-	ortion you own for all	•	_	\$0.00
	entries for pa	ges you have a	ttached for Part 1. Wr	ite that number here	→	\$0.00
P	art 2: De	scribe Your \	/ehicles			
	•	. •	•	•	er they are registered or not? Include Unle G: Executory Contracts and Unexpl	•
3.	Cars, vans, tr	ucks, tractors,	sport utility vehicles,	motorcycles		
	✓ No ☐ Yes					
4.					, other vehicles, and accessories vmobiles, motorcycle accessories	
	✓ No ☐ Yes					
5.		•	ortion you own for all ttached for Part 2. Wi	•	Part 2, including any	\$0.00
Р	art 3: Des	scribe Your I	Personal and Hou	sehold Items		
Do	you own or ha	ve any legal or	equitable interest in a	ny of the following ite	ms?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	oods and furnis	hings furniture, linens, china,	kitchenware		
	□ No	ајог аррпапсеѕ,	iumiture, imens, china,	MICHERWAIE		
	Yes. Des	cribe variou	ıs household furnit	ure		\$300.00

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Deb	tor 1	Grace G Denise Petit Case number (if known)	
7.	Electro Exampl	nics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No ☑ Yes	. Describe various electronics	\$250.00
8.		bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes	. Describe	
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	✓ No ☐ Yes	. Describe	
10.		es: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	. Describe	
11.	:	es: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
		. Describe various wearing apparel	\$225.00
12.	Jewelry Exampl	es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gen gold, silver	ns,
	☐ No ✓ Yes	. Describe costume jewelry	\$50.00
13.		m animals es: Dogs, cats, birds, horses	
	Yes	. Describe	
14.	did not	er personal and household items you did not already list, including any health aids you list	
	Yes	. Give specific rmation	
15.		dollar value of all of your entries from Part 3, including any entries for pages you have d for Part 3. Write the number here	\$825.00
Pa	art 4:	Describe Your Financial Assets	
Do y	ou own	or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	
	✓ No		

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Deb	tor 1 Grace G Denise Petit	Case number (if known)
17.	Deposits of money Examples: Checking, savings, or other financial account brokerage houses, and other similar institution institution, list each.	ts; certificates of deposit; shares in credit unions, ons. If you have multiple accounts with the same
	No ✓ YesInstitution name:	
	17.1. Other financial account: Other financial	account- prepaid card \$645.49
18.	Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with broken No results in the count of the	rage firms, money market accounts
19.	Non-publicly traded stock and interests in incorporat an interest in an LLC, partnership, and joint venture	ed and unincorporated businesses, including
	✓ No Yes. Give specific information about them	% of ownership:
20.	Government and corporate bonds and other negotiable Negotiable instruments include personal checks, cashiel Non-negotiable instruments are those you cannot transfer	rs' checks, promissory notes, and money orders.
	✓ No Yes. Give specific information about them Issuer name:	
21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(profit-sharing plans	b), thrift savings accounts, or other pension or
	✓ No Yes. List each account separately. Type of account: Institu	tion name:
22.	Security deposits and prepayments Your share of all unused deposits you have made so tha <i>Examples:</i> Agreements with landlords, prepaid rent, pub companies, or others	
	✓ No ✓ Yes Institution	name or individual:
23.	Annuities (A contract for a specific periodic payment of ☑ No	
24.	Yes Issuer name and description Interests in an education IRA, in an account in a qual	n: ified ABLE program, or under a qualified state tuition program.
	26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No	
	Yes Institution name and descrip	otion. Separately file the records of any interests. 11 U.S.C. § 521(c)
25.	Trusts, equitable or future interests in property (othe powers exercisable for your benefit	r than anything listed in line 1), and rights or
	✓ No Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and of Examples: Internet domain names, websites, proceeds to	
	✓ No ☐ Yes. Give specific information about them	

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Deb	tor 1	Grace G Denise Petit	Case number (if known)	
27.	Licens	es, franchises, and other general intangibles		
		es: Building permits, exclusive licenses, cooperative association holdings, l	liquor licenses, professional licen	ses
	☑ No			
		s. Give specific		
	info	ormation about them		
Mor	ov or n	roperty owed to you?		Current value of the
WO	icy or p	operty owed to you!		portion you own?
				Do not deduct secured
				claims or exemptions.
28.	Tax ref	unds owed to you		
	√ No			
	<u> </u>	s. Give specific information	Federa	ı .
		out them, including whether	reuera	:
		already filed the returns	State:	
	•	I the tax years	Local	
		,	Local:	
29.	Family	support		
	Examp	les: Past due or lump sum alimony, spousal support, child support, maintena	ance, divorce settlement, propert	y settlement
	☑ No			
		s. Give specific information	Alimony:	
			Maintenance:	
			Support:	
			Divorce settlement	:
			Property settlemen	t ·
			roporty comornion	•• <u> </u>
30.		Imounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick payments accompensation, Social Security benefits; unpaid loans you made to some		
	I ✓ No			
		s. Give specific information		
	☐ Yes	s. Give specific information		
31.		ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit	t. homeowner's, or renter's insura	nce
	√ No	, ,,	,	
		s. Name the insurance		
		npany of each policy		
		. , ,	neficiary: Su	rrender or refund value:
32	Any in	erest in property that is due you from someone who has died		
J2.	-	re the beneficiary of a living trust, expect proceeds from a life insurance poli	cv. or are currently	
	•	to receive property because someone has died	o,, c. a.e cae,	
		s. Give specific information		
	☐ Yes	s. Give specific information		
33.		against third parties, whether or not you have filed a lawsuit or made a les: Accidents, employment disputes, insurance claims, or rights to sue	demand for payment	
	₩ No			
	Ľ	s. Describe each claim		
	⊔ ''	200020 00011 0101111		
34.		contingent and unliquidated claims of every nature, including countercla o set off claims	aims of the debtor and	
	₩ No			
	ب	s. Describe each claim		

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Deb	tor 1	Grace G Denise Petit	Case number (if known)	
35.	Any fin	ancial assets you did not already list		
	✓ No ☐ Yes	. Give specific information		
36.		dollar value of all of your entries from Part 4, including any entries fo		\$645.49
P		Describe Any Business-Related Property You Own or Hav	•	real estate in Part 1.
37.	-	own or have any legal or equitable interest in any business-related pro	operty?	
		Go to Part 6 Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	ts receivable or commissions you already earned		
	✓ No ☐ Yes	. Describe		
39.		quipment, furnishings, and supplies es: Business-related computers, software, modems, printers, copiers, fax r desks, chairs, electronic devices	nachines, rugs, telephones,	
	✓ No	. Describe		
40.	Machin	ery, fixtures, equipment, supplies you use in business, and tools of yo	our trade	
	✓ No ☐ Yes	. Describe		
41.	Invento	ry		
	✓ No ☐ Yes	. Describe		
42.	Interest	s in partnerships or joint ventures		
	✓ No	. Describe Name of entity:	% of ownership:	
43.	Custon	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as defined in No Yes. Describe	in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries fo		\$0.00

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Deb	otor 1	Grace G Denise Petit	ase number (if known)
P		Describe Any Farm- and Commercial Fishing-Related Prope If you own or have an interest in farmland, list it in Part 1.	rty You Own or Have an Interest In.
46.	Do you	ı own or have any legal or equitable interest in any farm- or commercial fis	shing-related property?
	_	. Go to Part 7. s. Go to line 47.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a Example	i nimals <i>le</i> s: Livestock, poultry, farm-raised fish	
	✓ No	· · ·	
48.	Crops-	-either growing or harvested	
		s. Give specific prmation	
49.	Farm a	and fishing equipment, implements, machinery, fixtures, and tools of trade	
	☑ No □ Yes		
50.	Farm a	and fishing supplies, chemicals, and feed	
	☑ No □ Yes		
51.	Any far	rm- and commercial fishing-related property you did not already list	
		s. Give specific prmation	
52.		e dollar value of all of your entries from Part 6, including any entries for pa ed for Part 6. Write that number here	
P	art 7:	Describe All Property You Own or Have an Interest in That Y	ou Did Not List Above
53.		have other property of any kind you did not already list? les: Season tickets, country club membership	
	✓ No	s. Give specific information.	
54.	Add the	e dollar value of all of your entries from Part 7. Write that number here	→ \$0.00

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Debtor 1	Grace G Denise Petit	Case no	umber (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	1: Total real estate, line 2			\$0.00
56. Part 2	2: Total vehicles, line 5	\$0.00		
57. Part 3	3: Total personal and household items, line 15	\$825.00		
58. Part 4	4: Total financial assets, line 36	\$645.49		
59. Part :	5: Total business-related property, line 45	\$0.00		
60. Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7	7: Total other property not listed, line 54	+\$0.00		
62. Total	personal property. Add lines 56 through 61	\$1,470.49	Copy personal property total	+\$1,470.49
63. Total	of all property on Schedule A/B. Add line 55 + line 62.			\$1,470.49

Fill in this inf	formation to id	lentify your	case:			
Debtor 1	Grace	G Denise				
Debtor 2	First Name	Middle Name	e Last Name			
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Ba	inkruptcy Court for	the: DISTRIC	T OF MARYLAND			Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C	: The Prope	rty You Cl	aim as Exemp	t		04/16
Using the property	you listed on School ill out and attach to	edule A/B: Prop this page as m	erty (Official Form 106	SA/B)	as your source, list the	responsible for supplying correct information. he property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a speci exempted up to the receive certain be exemption of 1000	ific dollar amount he amount of any enefits, and tax-ex % of fair market v	as exempt. Al applicable state tempt retiremental la l	ternatively, you may cutory limit. Some ex nt fundsmay be unl w that limits the exe	clair emp imite mpti	m the full fair market tionssuch as those d in dollar amount. on to a particular do	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an llar amount and the value of the ole statutory amount.
Part 1: Ide	entify the Prop	erty You Cla	aim as Exempt			
1. Which set of	exemptions are y	ou claiming?	Check one only,	even	if your spouse is filing	g with you.
✓ You are		federal nonban	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.	S.C. § 522(b)(3)	•
2. For any prop	erty you list on S	chedule A/B th	at you claim as exen	npt, f	ill in the information	below.
Brief description Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: various househ Line from Scheduk			\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
Brief description:			\$250.00	$\overline{\mathbf{V}}$	\$250.00	Md. Code Ann., Cts. & Jud. Proc. §
various electror					100% of fair market value, up to any applicable statutory limit	•
			more than \$160,375?	_		

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Debtor 1	Grace G Denise Petit		Case number	r (if known)
Part 2:	Additional Page			
-	ntion of the property and line on B that lists this property	Current value of the portion you own	 ount of the emption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	eck only one box for th exemption	
	ion: aring apparel nedule A/B:11	\$225.00	\$225.00 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
Brief descripti costume jev Line from Sch		\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4)
	ion: cial account- prepaid card nedule A/B: 17.1	\$645.49	\$645.49 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5)

Fill in this int	iermetien te i	domtify your oppo					
Debtor 1	Grace	dentify your case: G Denise	Petit				
Debioi 1	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
Case number	inkrupicy Court for	the: DISTRICT OF	WIAR I LAND				
(if known)						Check if this in amended filing	
Official Form	106D						
Schedule D	: Creditors	Who Have Cla	ims Secured	by Propert	ty		12/15
on the top of any 1. Do any credi	on. If more space additional pages tors have claims	e is needed, copy the s, write your name and secured by your propublic this form to the co	Additional Page, fill d case number (if kr perty?	it out, number nown).	the entr	ly responsible for sup ies, and attach it to thi hing else to report on th	s form.
Part 1: Lis	st All Secured	Claims					
claim, list the creditor has a	creditor separatel particular claim, l sible, list the claim	reditor has more than or y for each claim. If mo ist the other creditors i s in alphabetical order	ore than one n Part 2. As	Column A Amount of Do not ded value of co	uct the	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that claim:				
Creditor's name							
Number Street							
City Who owes the de Debtor 1 only Debtor 2 only Debtor 1 and I At least one of Check if this of to a communication	Debtor 2 only f the debtors and a claim relates	Continger Unliquida Disputed Nature of lier An agree Statutory Judgmen		oly. n as mortgage or , mechanic's lier	rsecured	l car loan)	
Date debt was inc	curred	Last 4 digits	of account number				
that number here	:	s in Column A on this , add the dollar value			\$0.00]	

Official Form 106D

all pages. Write that number here:

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Fill in this inf	ormation to	identify your c	ase:			
Debtor 1	Grace	G Denise	Petit			
	First Name	Middle Name	Last Name			
Debtor 2	=					
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	or the: DISTRICT	OF MARYLAND			
Case number (if known)	-				Check if this amended filing	
Official Form	106E/F					
Schedule E/	F: Credito	rs Who Have	e Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with needed, copy the the top of any a	n partially secured e Part you need, fi dditional pages, w	and on Schedule G: Executory claims that are listed in Schedule it out, number the entries in write your name and case number the countries of	dule D: Creditors Who lithe boxes on the left.	Hold Claims Sec	cured by Property.
		ty unsecured clair				
-	•	ty unsecured cian	iis agairist you?			
✓ No. Got	to Part 2.					
claim. For ea show both pric more space is claim, list the	ch claim listed, in ority and nonprions in needed for prion other creditors in	dentify what type or rity amounts. As no rity unsecured clain n Part 3.	creditor has more than one prior f claim it is. If a claim has both puch as possible, list the claims ms, fill out the Continuation Page e instructions for this form in the	oriority and nonpriority ard in alphabetical order acces of Part 1. If more than instruction booklet.	nounts, list that coording to the creation one creditor hold	laim here and ditor's name. If Is a particular
				Total claim	Priority amount	Nonpriority
					amount	amount
2.1						
			Last 4 digits of account num	her		
Priority Creditor's Nam	ne				-	
Number Street			When was the debt incurred?	·	_	
			As of the date you file, the cla	aim is: Check all that ap	ply.	
			Contingent			
			Unliquidated Disputed			
City	State	ZIP Code				
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured			
Debtor 1 only Debtor 2 only			Domestic support obligation		t	
Debtor 2 only Debtor 1 and D	Debtor 2 only		Taxes and certain other de	,	nent	
	the debtors and	another	intoxicated	,		
☐ Check if this of	claim is for a co	mmunity debt	Other. Specify			
Is the claim subje	ct to offset?					
□ No						
Yes						

Debtor 1 Grace G Denise Petit	Case number (if known)
Part 2: List All of Your NONPRIORITY	/ Unsecured Claims
Yes 4. List all of your nonpriority unsecured claims i If a creditor has more than one nonpriority unsec type of claim it is. Do not list claims already inclu	Claims against you? Submit this form to the court with your other schedules. In the alphabetical order of the creditor who holds each claim. Bured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
AMCA/American Medical Collection Agency Nonpriority Creditor's Name Attention: Bankruptcy Number Street 4 Westchester Plaza, Suite 110 Elmsford NY 10523 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	\$577.00 Last 4 digits of account number 6 7 9 0 When was the debt incurred? 08/19/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for -Labcorp
Is the claim subject to offset? No Yes 4.2 Baltimore County Office Budget Finance Nonpriority Creditor's Name c/o Dafne Sollon Esquire Number Street 400 Washington Avenue, RM 150 Towson MD 21204 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	\$135.00 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify past due account

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$40.00
Baltimore County Office Budget Finance	Last 4 digits of account number	
Nonpriority Creditor's Name c/o Dafne Sollon Esquire	When was the debt incurred? 11/11/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
400 Washington Avenue, RM 150	Contingent	
	Unliquidated	
Towson MD 21204	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.4		\$10.00
Baltimore County Office Budget Finance	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 1/86/17	
c/o Dafne Sollon Esquire	As of the date you file, the claim is: Check all that apply.	
Number Street 400 Washington Avenue, RM 150	Contingent	
	Unliquidated	
	─	
Towson MD 21204 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
▼ No		
Yes		
4.5		* 40.00
	Lord A. Polito of account count or	\$40.00
Nonpriority Creditor's Name	Last 4 digits of account number	
c/o Dafne Sollon Esquire	When was the debt incurred? 02/07/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
400 Washington Avenue, RM 150	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	— ☐ Disputed	
Towson MD 21204		
City State ZIP Code Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	P. 10. 4 mar	
✓ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.6		\$10,903.93
Brett and Stephanie Darling	Last 4 digits of account number	
Nonpriority Creditor's Name c/o Tapper and Fratto, LLC	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
90 Painters Mill Rd, Ste 230	□ Contingent □ Unliquidated	
	— ☐ Disputed	
Owings Mills MD 21117 City State ZIP Code	— Time of NONDDIODITY improvided eleim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Civil Judgment	
Is the claim subject to offset?		
☑ No □ Yes		
4.7		\$359.00
Capital One	Last 4 digits of account number 7 6 9 5	<u></u>
Nonpriority Creditor's Name	When was the debt incurred? 07/2011	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	☐ Contingent	
	Unliquidated	
Salt Lake City UT 84130	─	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Charle if this slaim is fan a community dabt	Other. Specify	
Is the claim subject to offset?	Credit Card	
✓ No		
Yes		
4.8		\$1,250.00
Capital One	Last 4 digits of account number 0 2 4 6	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	Contingent	
	Unliquidated Disputed	
Salt Lake City UT 84130 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	C. C. W. C. W. W.	
☑ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ıred Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.9		\$286.00
Citicards Cbna	Last 4 digits of account number 0 7 0 8	
Nonpriority Creditor's Name	When was the debt incurred? 12/2018	
Citi Bank Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 6077	Contingent	
	Unliquidated	
Ciarry Falls CD 57447	Disputed	
Sioux Falls SD 57117 City State ZIP Code	Tune of NONDRIGRITY uncestured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Line Secured	
Is the claim subject to offset?		
No No		
Yes		
4.10		\$75.00
بــــا	Local A digital of account number 2 2 6 4	\$75.00
City of Baltimore Parking Fine Section Nonpriority Creditor's Name	Last 4 digits of account number 2 2 6 1	
200 Holliday Street	When was the debt incurred? 04/22/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Baltimore MD 21202	_ _ _	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No		
Yes		
4.11		675.00
	Lord A. Polito of account would be	\$75.00
City of Baltimore Parking Fine Section Nonpriority Creditor's Name	Last 4 digits of account number	
200 Holliday Street	When was the debt incurred? 2/21/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Baltimore MD 21202	— — — — — — — — — — — — — — — — — — —	
City State ZIP Code Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Other. Specify past due account	
Is the claim subject to offset?	L	
✓ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$7,500.00
Conduent/Wells	Last 4 digits of account number 1 8 4 2	
Nonpriority Creditor's Name Attn: Claims Department	When was the debt incurred? 09/14/2007	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 7051	Contingent	
	☐ Unliquidated ☐ Disputed	
Utica NY 13504	— — — — — — — — — — — — — — — — — — —	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Educational	
No		
Yes		
4.13		\$000.00
Cornerstone Financial Services	Last A digits of account number	\$226.26
Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	
fka ICS Financial Services Number Street	As of the date you file, the claim is: Check all that apply.	
Po box 507	Contingent	
	Unliquidated	
Jarrettsville MD 21084	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -DR Leonard	
Is the claim subject to offset?		
☑ No □ Yes		
4.14		\$171,162.00
Dept of Ed / 582 / Nelnet	Last 4 digits of account number0886_	
Nonpriority Creditor's Name Attn: Claims	When was the debt incurred? 08/2012	
Number Street PO Box 82505	As of the date you file, the claim is: Check all that apply.	
FO BOX 62303	□ Contingent □ Unliquidated	
	Disputed	
Lincoln NE 68501 City State ZIP Code	Time of NONDDIODITY impossing delaim.	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$40.00
Director of Finance	Last 4 digits of account number	
Nonpriority Creditor's Name City of Baltimore	When was the debt incurred? 8/30/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 13327	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21203		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Speeding violation	
✓ No ☐ Yes		
4.16		\$1,401.90
Discover Nonpriority Creditor's Name	Last 4 digits of account number2 _4 _6 _2	
P.O. Box 3025	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
N. All. 2011 40054	Disputed	
New Albany OH 43054 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	·	
✓ No Yes		
4.17		\$1,403.00
Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 30395	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
Colk Labo City.	Disputed	
Salt Lake City UT 84130-0395 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	·	
☑ No □ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$112.00
EZ Pass	Last 4 digits of account number 5 4 3 3	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ Contingent	
	Unliquidated	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		
4.19		\$112.00
EZ Pass	Last 4 digits of account number2008	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	□ Contingent □ Unliquidated	
	□ Disputed	
Baltimore MD 21297-7600 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Charle if this plains in face a community dalat	✓ Other. Specify	
Is the claim subject to offset?	past due account	
✓ No		
Yes		
4.20		.
	Local A Portion of a community of the A. A. A. A.	\$52.54
EZ Pass Nonpriority Creditor's Name	Last 4 digits of account number0 _ 1 _ 4 _ 6	
Maryland Service Center	When was the debt incurred?	
Number Street PO Box 17600	As of the date you file, the claim is: Check all that apply. Contingent	
	☐ Unliquidated	
Baltimore MD 21297-7600	Disputed	
Baltimore MD 21297-7600 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	l	
☑ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$157.27
EZ Pass	Last 4 digits of account number 9 7 1 1	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	Contingent	
	Unliquidated	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	P	
✓ No Yes		
4.22		<u>\$52.19</u>
EZ Pass Nonpriority Creditor's Name	_ Last 4 digits of account number <u>5</u> <u>1</u> <u>4</u> <u>1</u>	
Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ ☐ Contingent ☐ Unliquidated	
	- ☐ Disputed	
Baltimore MD 21297-7600 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset? ✓ No		
▼ Yes		
4.23		\$104.73
EZ Pass	_ Last 4 digits of account number1049_	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297-7600		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No ☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.24		\$104.04
EZ Pass	Last 4 digits of account number 5 8 4 8	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center		
Number Street PO Box 17600	As of the date you file, the claim is: Check all that apply.	
10 200 11 000	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Baltimore MD 21297-7600	_	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
	☐ Debts to pension or profit-sharing plans, and other similar debts	
	✓ Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
✓ No Yes		
4.25		\$224.00
EZ Pass	Last 4 digits of account number 0 3 3 7	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center		
Number Street PO Box 17600	As of the date you file, the claim is: Check all that apply.	
FO BOX 17000	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297-7600	☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No		
Yes		
4.26		0.440.00
		\$112.00
EZ Pass	_ Last 4 digits of account number <u>2 0 0 8</u>	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ ☐ Contingent	
	Unliquidated	
	Disputed	
Baltimore MD 21297-7600		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
_ 5	☐ Student loans	
	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	☑ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.27		\$168.00
EZ Pass	Last 4 digits of account number 8 5 3 8	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ ☐ Contingent	
	Unliquidated	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
-	past due account	
Is the claim subject to offset? No No		
☐ Yes		
4.28		\$162.20
EZ Pass	Last 4 digits of account number 2 4 6 6	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ Contingent	
	Unliquidated	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
☐ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify past due account	
Is the claim subject to offset?	past due doodin	
✓ No		
Yes		
4.29		\$168.00
EZ Pass	_ Last 4 digits of account number <u>6 4 7 0</u>	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297-7600		
City State ZIP Code Who incurred the debt? Check one	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	ured Claims Continuation Page	
After listing any entries on this page, number th previous page.	em sequentially from the	Total claim
4.30		\$377.81
EZ Pass	Last 4 digits of account number 1 4 6 4	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	☐ Contingent	
	Unliquidated	
Baltimore MD 21297-7600	— Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.31		¢ 504.05
	Last 4 digits of account number 6 0 4 2	\$524.35
EZ Pass Nonpriority Creditor's Name	Last 4 digits of account number 6 9 1 3	
Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	Contingent	
	── ☐ Unliquidated ── ☐ Disputed	
Baltimore MD 21297-7600		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	puot auto autoram	
✓ No		
Yes		
4.32		\$52.19
EZ Pass	Last 4 digits of account number6950_	
Nonpriority Creditor's Name Maryland Service Center	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 17600	Contingent	
	Unliquidated	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
—	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No ☐ Yes		
⊔ ·		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.33		\$392.00
EZ Pass	Last 4 digits of account number 7 1 9 1	
Nonpriority Creditor's Name	When was the debt incurred?	
Maryland Service Center		
Number Street PO Box 17600	As of the date you file, the claim is: Check all that apply.	
FO BOX 17000	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297-7600	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	·	
☑ No		
Yes		
4.34		\$279.00
Fairfax County General District	Last 4 digits of account number 0 9 0 0	
Nonpriority Creditor's Name		
PO Box 10157	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Fairfax VA 22038	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	••	
Debtor 1 only	Student loans Obligations grising out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	paot and account	
✓ No		
Yes		
4.35		\$583.00
First Premier Bank	Last 4 digits of account number 3 1 9 8	
Nonpriority Creditor's Name	- - _ -	
Attn: Bankruptcy	When was the debt incurred? 10/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 5524	_ Contingent	
	Unliquidated	
Sioux Falls SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	•	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?	G. Gait Gui u	
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.36		\$209.00
First Premier Bank	Last 4 digits of account number 9 3 2 2	
Nonpriority Creditor's Name	When was the debt incurred? 04/2014	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 5524	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Sioux Falls SD 57117		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		
4.37		\$485.71
JC Discount Tires	Last 4 digits of account number	
Nonpriority Creditor's Name 2102 Pulaski Highway	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Edgewood MD 21040		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset? ✓ No		
Yes		
4.38		\$1,039.27
JNR Nonpriority Creditor's Name	Last 4 digits of account number <u></u>	
PO Box 948197	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
Maidand El 00704	Disputed	
Maitland FL 32794 City State ZIP Code	Type of NONERIORITY unsecured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Companing for the market would	
✓ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.39		\$1,787.00
LVNV Funding/Resurgent Capital	Last 4 digits of account number 8 4 0 1	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 05/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 10497	_ Contingent	
	Unliquidated	
Greenville SC 29603	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -Credit One Bank	
Is the claim subject to offset?		
No You		
Yes		
4.40		\$585.05
M&T Bank	Last 4 digits of account number 3 6 4 5	· · · · · · · · · · · · · · · · · · ·
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 1302 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Buffalo NY 14240-1302	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
No No		
Yes		
4.41		\$51.46
MTA	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 17600 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	•	
√ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.42		\$56.00
MTA	Last 4 digits of account number 8 4 9 2	<u> </u>
Nonpriority Creditor's Name PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No □ Yes		
4.43		\$56.00
MTA	_ Last 4 digits of account number 8 4 9 2	
Nonpriority Creditor's Name PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a consection agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset? No		
☐ Yes		
4.44		\$56.00
MTA Napariarity Craditor's Name	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Baltimore MD 21297 City State ZIP Code	— — — — (NONDRIORITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	pasi due account	
No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.45		\$56.00
MTA	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 17600	As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	☐ Unliquidated	
Daltimara MD 04007	Disputed	
Baltimore MD 21297 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
	past due account	
Is the claim subject to offset? ✓ No		
Yes		
4.46		\$56.00
MTA	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Baltimore MD 21297		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No □ Yes		
4.47		\$62.00
MTA	Last 4 digits of account number	<u>·</u>
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 17600 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Baltimore MD 21297	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	Learning management	
✓ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.48		\$56.00
MTA	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 17600 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Daltimana MD 04007	Disputed	
Baltimore MD 21297 City State ZIP Code	Time of NONDRIORITY uncessued eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No		
Yes		
4.49		\$56.00
MTA	Last 4 digits of account number	
Nonpriority Creditor's Name		
PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	— ☐ Disputed	
Baltimore MD 21297		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	F	
☑ No		
Yes		
450		
4.50		<u>\$835.86</u>
MTA	Last 4 digits of account number1680_	
Nonpriority Creditor's Name PO Box 17600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
	past due account	
Is the claim subject to offset?		
☑ No □ Yes		
□		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.51		\$52.54
MTA	Last 4 digits of account number 0 0 1	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 17600 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
✓ No ☐ Yes		
Yes		
4.52		\$480.00
MVA	Last 4 digits of account number	
Nonpriority Creditor's Name 6601 Ritchie Highway NE	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Glen Burnie MD 21062		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?		
☑ No □ Yes		
4.53		\$450.00
MVA	Last 4 digits of account number	
Nonpriority Creditor's Name 6601 Ritchie Highway NE	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Glen Burnie MD 21062 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	past due account	
No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.54		\$5,197.00
National Credit Audit Corporation	Last 4 digits of account number 0 1 N 1	
Nonpriority Creditor's Name ATTN: Bankruptcy Dept.	When was the debt incurred? 02/2016	
Number Street P.O. Box 515489	As of the date you file, the claim is: Check all that apply.	
1.0. Box 313403	_ ☐ Contingent ☐ Unliquidated	
Dallas TX 75251	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -Towson Crossings	
Is the claim subject to offset?		
☑ No □ Yes		
4.55		\$1,319.00
National Recovery Agency Nonpriority Creditor's Name	Last 4 digits of account number 8 7 4 0	
Attn: Bankruptcy	When was the debt incurred? 05/2018	
Number Street PO Box 67015	 As of the date you file, the claim is: Check all that apply. □ Contingent 	
	Unliquidated	
Harrisburg PA 17106	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Collecting for -BGE	
No		
Yes		
4.56		\$1,318.82
National Recovery Agency	Last 4 digits of account number 7 1 3 8	
Nonpriority Creditor's Name 2491 Paxton St	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
Hamilahama BA (E)	Disputed	
Harrisburg PA 17111 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -BGE	
Is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.57		\$11,490.00
Navient	Last 4 digits of account number 0 7 1 1	
Nonpriority Creditor's Name	When was the debt incurred? 09/2007	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9000	Contingent	
	Unliquidated	
Wiles Daw DA 19772	Disputed	
Wiles-Barr PA 18773 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
–	☑ Other. Specify	
Check if this claim is for a community debt	Educational	
Is the claim subject to offset?		
☑ No □ Yes		
4.58		\$57.25
NJ EZ Pass	Last 4 digits of account number	·
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 4971 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Trenten N.I. 00050	Disputed	
Trenton NJ 08650 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
<u> </u>	past due account	
Is the claim subject to offset? No		
☑ No □ Yes		
4.59		\$325.00
NYC Dept of Finance	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Po Box 3600 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
New York NY 10008	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	past due account	
Is the claim subject to offset? ✓ No		
☑ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.60		\$160.00
PennCredit	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 19456	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Oaks PA 19456		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?	Collecting for -delinquent parking citations	
No		
Yes		
4.61		• • • • •
	Local Addinate of account number 0 0 4 C	\$46.07
Phoenix Financial Services, LLC Nonpriority Creditor's Name	Last 4 digits of account number8816_ When was the debt incurred?	
8902 Otis Avenue, Ste 103A	As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	Unliquidated	
Indianapolis IN 46126-1077	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☐ Debts to period or profit straining plants, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Collecting for -Pendrick Capital Partners, LLX	
Is the claim subject to offset?		
☑ No □ Yes		
4.62		\$751.17
PNC Bank	Last 4 digits of account number <u>9876</u>	
Nonpriority Creditor's Name 2730 Liberty Avenue	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	— ☐ Disputed	
Pittsburg PA 15222 City State ZIP Code	Time of NONDRIORITY are accounted a latina.	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify overdrafted account	
Is the claim subject to offset?		
☑ No		
☐ Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the	m sequentially from the	Total claim
previous page.		rotar olami
4.63		\$470.07
ProCo	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 2462	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Aston PA 19014		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for -Univer of MDS Upper Chesapeake	
Is the claim subject to offset?	Comments of the Comments of th	
☑ No		
Yes		
4.64		\$728.55
Professional Account Management LLC	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 430	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Milwawkee WI 53201	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?	Conection account	
No No		
Yes		
4.65		\$1,037.00
Progressive Leasing	Last 4 digits of account number	
Nonpriority Creditor's Name 256 W Data DR	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Draper UT 44166	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
	past due account	
Is the claim subject to offset? ✓ No		
☑ No ☐ Yes		
—		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.66		\$7,604.00
Santander Consumer USA	Last 4 digits of account number 1 0 0 0	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 05/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 961245	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Fort Worth TX 76161		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
✓ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Automobile	
Is the claim subject to offset?	Automobile	
✓ No		
Yes		
4.67		\$224.00
Southwest Credit Systems	Last 4 digits of account number 9 8 2 9	\$334.00
Nonpriority Creditor's Name	When was the debt incurred? 02/2017	
4120 International Parkway Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 1100	_ ☐ Contingent	
	Unliquidated	
Carrollton TX 75007	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Collecting for -Comcast	
Is the claim subject to offset? No		
☑ No □ Yes		
4.68		\$40.00
State of MD Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 17648	When was the debt incurred? 01/14/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
Dollimana MD 01007	Disputed	
Baltimore MD 21297 City State ZIP Code	Type of NONDRIORITY uncestured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify past due account- speeding ticket	
Is the claim subject to offset?	, and addition of the same	
☑ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unse	cured Claims Continuation Page	
After listing any entries on this page, number previous page.	them sequentially from the	Total claim
4.69		\$0.00
State of MD	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 06/19/2017	
PO Box 17648 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community deb		
Is the claim subject to offset?	pass and accessive operaning access	
✓ No ☐ Yes		
4.70		\$40.00
State of MD	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 08/25/2017	
PO Box 17648 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community deb	 ✓ Other. Specify past due account- speeding ticket 	
Is the claim subject to offset?		
☑ No		
Yes		
4.71		\$40.00
State of MD	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 9/26/2017	
PO Box 17648 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Baltimore MD 21297	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community deb		
Is the claim subject to offset?	, , , , , , , , , , , , , , , , , , ,	
☑ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.72		\$7,493.00
State of MD CCU	Last 4 digits of account number	
Nonpriority Creditor's Name 300 West Preston ST	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Baltimore MD 21201	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	past due account	
Is the claim subject to offset?	P	
✓ No ☐ Yes		
4.73		\$840.00
Syncb Bank/American Eagle	Last 4 digits of account number 1 1 9 7	
Nonpriority Creditor's Name	When was the debt incurred? 07/2012	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965060	_ ☐ Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Charge Account	
Is the claim subject to offset?		
✓ No		
Yes		
4.74		\$1,321.00
Syncb/marlo Furniture	Last 4 digits of account number 2 5 2 7	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 07/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965060	_ Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
✓ No		
Yes		

Debtor 1 Grace G Denise Petit	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.75		\$665.00
Target	Last 4 digits of account number 4 7 0 4	
Nonpriority Creditor's Name	When was the debt incurred? 08/2013	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 9475	Contingent	
	Unliquidated	
	Disputed	
Minneapolis MN 55440 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
✓ No Yes		
4.76		\$1,424.00
Transworld Systems, Inc	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 15609	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Wilmington DE 19850-5609	Disputed	
Wilmington DE 19850-5609 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Collecting for -Upper Chesapeake Medical Center	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.77		\$1,039.00
Visa Dept Store National Bank/Macy's	Last 4 digits of account number 9 0 9 0	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 04/2012	
Attn: Bankruptcy	<u> </u>	
Number Street PO Box 8053	As of the date you file, the claim is: Check all that apply.	
. · · · · · · · · · · · · · · · · · · ·	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Mason OH 45040		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?	-	
☑ No		
Yes		

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Debtor 1	Grace G Den	ise Pe	tit		c	ase	e number (if known)
Part 3:	List Others	s to B	e Notified Abo	ut a Debt That You	Already	Lis	sted
For ex credite debts	ample, if a collector in Parts 1 or 2 that you listed in	ction ag , then I n Parts	gency is trying to ist the collection a	collect from you for a d agency here. Similarly, litional creditors here.	debt you ov , if you hav	we /e n	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
	rstate, LLC			On which entry in P	Part 1 or Pa	art 2	2 did you list the original creditor?
PO Box 40	000			Line 4.74 of (Che	eck one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street					◩	Part 2: Creditors with Nonpriority Unsecured Claims
	<u> </u>	VA	20188	— Last 4 digits of acco	ount numb	er	
City	•	State	ZIP Code	_			
	onal Services, I	nc		On which entry in P	Part 1 or Pa	art 2	2 did you list the original creditor?
PO Box 40 Number	69046 Street			Line 4.77 of (Che	eck one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
				_		ى	,
Escondide	n	CA	92046-0765	 Last 4 digits of accordance 	ount numb	er	
City		State	ZIP Code				
BGE				On which entry in P	Part 1 or Pa	art 2	2 did you list the original creditor?
Name P.O. Box	13070			— Line 4.56 of <i>(Che</i>	eck one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street			· _		_	Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of according	ount numb	er	
Philadelpl City	nia	PA State	19101 ZIP Code	_			
Client Ser	vices, Inc			On which entry in P	Part 1 or Pa	art 2	2 did you list the original creditor?
Name 3451 Harr	y S Truman Bl	vd		Line 4.74 of (Che	eck one):		Part 1: Creditors with Priority Unsecured Claims
Number	Street			_		☑	Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of accordances	ount numb	er	
Saint Cha	rles	MO State	63301-4047 ZIP Code	_			
Oily		Oldio	2 0000				
	nt Outsourcing	g, Inc		On which entry in P	Part 1 or Pa	art 2	2 did you list the original creditor?
Name 800 SW 3 9				Line of (Che	eck one):		Part 1: Creditors with Priority Unsecured Claims
Number PO Box 98	Street 3057					<u></u>	Part 2: Creditors with Nonpriority Unsecured Claims
Ponton		\A/ A	09057	 Last 4 digits of accord 	ount numb	er	
Renton City		WA State	98057 ZIP Code	_			
-							

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Debtor 1	Grace G Denise Pe	tit	Case number (if known)
Part 3:	List Others to B	e Notified Abo	ut a Debt That You Already Listed Continuation Page
	ce Advantage, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 205 Brvan	t Woods South		Line 4.75 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
Amherst City	NY State	14228 ZIP Code	_
Scott and	Associates, PC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 11	5220		Line 4.39 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims
Number S	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
Carrollton City	TX State	75011-5220 ZIP Code	
State of M	D		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 17	'648		Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number S	Street		Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
Baltimore City	MD State	21297 ZIP Code	<u> </u>

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Debtor 1	Grace G Denise Petit	Case number (if known)
		· · · · · · · · · · · · · · · · · · ·

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$0.00
Tatal alaima	Ct.	Charlest Leave	Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} + \$249,391.23
	6i.	Total. Add lines 6f through 6i.	6j. \$249,391.23

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Fill in this information to identify your case:									
Debtor 1	Grace First Name	G Denise Middle Name	Petit Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name						
United States Ba	nkruptcy Court fo								
Case number (if known)						Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Debtor 1 Grace G Denise Petit First Name Middle Name Last Name							
Debtor 2							
(Spouse, if filing) First Name Middle Name Last Name							
United States Bankruptcy Court for the: DISTRICT OF MARYLAND							
Case number (if known)	Check if this is an amended filing						
Official Form 106H Schedule H: Your Codebtors							
needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. A page. On the top of any Additional Pages, write your name and case number (if known). Ans 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a color No Yes	swer every question.						
Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?							
include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash No. Go to line 3.	,						

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

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i	ill in this inform	ation to identify	y your case:					
	Debtor 1	Grace	G Denise	Petit				
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$ \Box$	An amended filing
	United States Bankru	uptcy Court for the:	DISTRICT OF	MARYLAND				A supplement showing postpetition
	Case number				_			chapter 13 income as of the following date:
Ļ	(if known)							MM / DD / YYYY
_	fficial Form 10							
20	chedule I: You	ur income						12/15
res inc ab yo	sponsible for supply clude information ab out your spouse. If ur name and case no	ing correct information out your spouse. In more space is nee	ation. If you are If you are separa ded, attach a se Answer every q	married and not ated and your spo parate sheet to th	filing j ouse is	ointly not f	, and your iling with y	l Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your employ information.	yment						
	If you have more th	nan one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separa		yment status	✓ Employed✓ Not employed	ad			☐ Employed☐ Not employed
	additional employe		ation	Therapist	Ju			- Not employed
	Include part-time, s or self-employed w	easonal,	yer's name	Thrive Bahavi	oral H	lealth	, LLC	
	Occupation may in	clude Emplo	yer's address	8967 Yellow B	rick R	Road		
	student or homema applies.			Number Street				Number Street
				-				_
							04047	_
				Rosedale City		MD State	21247 Zip Code	City State Zip Code
		How Id	ong employed th	ere? 1.5 yea	rs			
	Part 2: Give Do	etails About Mo					_	
			-		ing to	report	for any line	, write \$0 in the space. Include your
	n-filing spouse unless						-11 1	or forth at a constant of the Property Labor.
-	ou or your non-filling s u need more space, a	•		er, combine the into	ormatic	on for	ali employe	rs for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross payroll deductions) would be.				2.		3,981.33	
3.	Estimate and list r	monthly overtime p	oay.		3. +		\$0.00	
4.	Calculate gross in	come. Add line 2	+ line 3.		4.		3,981.33	

Official Form 106l Schedule I: Your Income page 1

Debte	or 1 Grace G Denise Petit		Case nur	mber (if known)	
			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	→ 4.	\$3,981.33		
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$627.74		
;	5b. Mandatory contributions for retirement plans	5b.	\$0.00		
;	5c. Voluntary contributions for retirement plans	5c.	\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		
;	5e. Insurance	5e.	\$278.15		
	5f. Domestic support obligations	5f.	\$0.00		
;	5g. Union dues	5g.	\$0.00		
;	5h. Other deductions. Specify:	5h.	÷\$0.00		
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5g + 5h$.	of + 6.	\$905.89		
7.	Calculate total monthly take-home pay. Subtract line 6 from line	e 4. 7.	\$3,075.44		
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8b. Interest and dividends	8b.	\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00		
	8e. Social Security	8e.	\$0.00		
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.)			
	Specify:	8f.	\$0.00		
	8g. Pension or retirement income	 8g.	\$0.00		
	8h. Other monthly income.	- 3			
	Specify:	8h.	+\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g +	8h. 9.	\$0.00		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spou	10.	\$3,075.44	+ =====================================	\$3,075.44
	State all other regular contributions to the expenses that you list		ule J.		
	Include contributions from an unmarried partner, members of your ho friends or relatives.			ır roommates, and othe	r
	Do not include any amounts already included in lines 2-10 or amount	s that are r	not available to pay	expenses listed in Sche	
	Specify:			11. +	- \$0.00
	Add the amount in the last column of line 10 to the amount in line income. Write that amount on the Summary of Your Assets and Liab if it applies.				\$3,075.44 Combined monthly income
13.	Do you expect an increase or decrease within the year after you	file this fo	rm?		•
	✓ No. None.				
	Yes. Explain:				
	l l				

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F	ill in this inform	nation to identi	ify your case:			ا ا	-I. :f 4h:-	:	
	Debtor 1	Grace	G Denise	Petit		l	ck if this		
	Debior 1	First Name	Middle Name	Last Nar	ne	╽╎		ended filing Iement showing	nostnetition
	Debtor 2					╵╙		13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Nar	me		followin	g date:	
	United States Bankr	uptcy Court for the	E DISTRICT OF M	MARYLAND	<u> </u>		MM / D	D / YYYY	_
	Case number (if known)	-							
0	fficial Form 10	6J				-			
S	chedule J: Yo	ur Expense	S						12/15
na	rrect information. If	f more space is no er (if known). Ans	eeded, attach anothe wer every question	er sheet to th					
L	Part 1: Descri	be Your House	∌hold ————————————————————————————————————						
1.	Is this a joint case	e?							
	_ No	ebtor 2 live in a s	eparate household?		for Separate Housel	nold of	f Debtor	2.	
2.	Do you have depe	endents?	No						
	Do not list Debtor Debtor 2.	1 and	Yes. Fill out this inf for each dependent		Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you? No
	Do not state the de names.	ependents'							Yes No Yes
									□ No □ Yes
									□ No
									Yes
									□ No □ □ Yes
3.	Do your expenses expenses of peop yourself and your	ole other than	✓ No ☐ Yes						
	Oort 2. Estima	oto Vour Once	ing Monthly Fra	onoos					
			ing Monthly Exp						
to		of a date after the	kruptcy filing date u e bankruptcy is filed	-	-			-	
			h government assis n Schedule I: Your Ir	•				Your expens	ses
4.			enses for your resid any rent for the grour				2	1	\$825.00
	If not included in	•	, 3.23.						
	4a. Real estate ta	axes					2	la	
	4b. Property, hon	neowner's, or rente	r's insurance				2	4b	
	4c. Home mainte	nance, repair, and	upkeep expenses				2		
		association or cor					2		

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Del	otor 1 Grace G Denise Petit	Case number (if known)			
		Your expense	es		
5.	Additional mortgage payments for your residence, such as home equity loans	5			
6.	Utilities:				
	6a. Electricity, heat, natural gas	6a	\$250.00		
	6b. Water, sewer, garbage collection	6b	\$100.00		
	 Telephone, cell phone, Internet, satellite, and cable services 	6c	\$472.00		
	6d. Other. Specify:	6d.			
7.	Food and housekeeping supplies	7.	\$350.00		
8.	Childcare and children's education costs	8.			
9.	Clothing, laundry, and dry cleaning	9.	\$80.00		
10.	Personal care products and services	10.	\$70.00		
11.	Medical and dental expenses	11.	\$100.00		
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00		
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$75.00		
14.	Charitable contributions and religious donations	14.			
15.	Insurance.				
	Do not include insurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insurance				
	15b. Health insurance				
	15c. Vehicle insurance	15c			
	15d. Other insurance. Specify:	15d.			
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.			
17.	Installment or lease payments:				
	17a. Car payments for Vehicle 1	17a	\$625.00		
	17b. Car payments for Vehicle 2	17b			
	17c. Other. Specify:	17c			
	17d. Other. Specify:	17d			
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.			
10	Other payments you make to support others who do not live with you				
19.	Other payments you make to support others who do not live with you. Specify:	19.			

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Debtor 1		Grace G Denise Petit	Case number (if known)	
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	Specify:	21. +	
22.	Calcu	alate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,147.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,147.00
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$3,075.44
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$3,147.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	(\$71.56)
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you	file this form?	
		ent to increase or decrease because of a modification to the terms of your mortga	. ,	
	_	No. Zes Explain here:		
	Ц,	Yes. Explain here: None.		

Ŧ	II in this inf	ormation to i	dentify your case			
	ebtor 1	Grace	G Denise	Petit		
	SDIOI I	First Name	Middle Name	Last Name		
1 1	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name		
Ur	nited States Ba	nkruptcy Court fo	or the: DISTRICT OF	MARYLAND		
	ase number known)				_	ck if this is an nded filing
Off	ficial Form	106Sum				
Su	mmary of	f Your Ass	ets and Liabilit	ies and Certain	Statistical Information	12/15
sch	rect information edules after ye	on. Fill out all of	your schedules first; inal forms, you must f	then complete the infor	ther, both are equally responsibl mation on this form. If you are fi nd check the box at the top of th	iling amended
						Your assets Value of what you own
1.		: Property (Offici	•			
	1a. Copy line	e 55, Total real e	state, from Schedule A	B		\$0.00
	1b. Copy line	e 62, Total perso	nal property, from Sche	dule A/B		\$1,470.49
	1c. Copy line	e 63, Total of all _l	property on Schedule A	/B		\$1,470.49
Pá	art 2: Su	mmarize You	ır Liabilities			
						Your liabilities Amount you owe
2.			•	Property (Official Form 10 claim, at the bottom of the	06D) e last page of Part 1 of Schedule I	D \$0.00
3.				s (Official Form 106E/F) ured claims) from line 6e c	of Schedule E/F	\$0.00
	3b. Copy the	total claims fron	n Part 2 (nonpriority uns	secured claims) from line	6j of Schedule E/F	+ \$249,391.23
					Your total liabilities	\$249,391.23
Pá	art 3: Su	mmarize You	ır Income and Exp	enses		
	Ju					
4.		our Income (Office mbined monthly is		Schedule I		\$3,075.44

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$3,147.00

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Debtor 1		Grace G Denise Petit	Case number (if known)				
P	art 4:	Answer These Questions for Administrative and Statist	ical Records				
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?					
		o. You have nothing to report on this part of the form. Check this box and ses	submit this form to the court with your other schedules.				
7.	What I	kind of debt do you have?					
	 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 						
8.		the Statement of Your Current Monthly Income: Copy your total current in Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.					
9.	Copy t	the following special categories of claims from Part 4, line 6 of Schedu	le E/F:				
			Total claim				
	From I	Part 4 on Schedule E/F, copy the following:					
	9a. D	omestic support obligations. (Copy line 6a.)	\$0.00				
	9b. Ta	axes and certain other debts you owe the government. (Copy line 6b.)	\$0.00				
	9c. C	laims for death or personal injury while you were intoxicated. (Copy line 6c.	\$0.00				
	9d. S	tudent loans. (Copy line 6f.)	\$0.00				
		bligations arising out of a separation agreement or divorce that you did not riority claims. (Copy line 6g.)	report as \$0.00				
	9f D	ebts to pension or profit-sharing plans, and other similar debts. (Copy line f	sh) + \$0.00				

9g. Total. Add lines 9a through 9f.

\$0.00

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Fill in this inf	ormation to i	dentify your case		
Debtor 1	Grace First Name	G Denise Middle Name	Petit Last Name	_
	riist name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	—
United States Ba	nkruptcy Court fo	or the: DISTRICT OF	MARYLAND	_
Case number				☐ Check if this is an
(if known)				amended filing
Official Form	106Dec			
	_	ndividual Dahi	or's Schedules	12/15
Deciaration	About an i	ilulviuuai Debi	or 5 Scriedules	12/13
Sig	ın Below			
Did you pay o	or agree to pay	someone who is NOT	an attorney to help you fi	Il out bankruptcy forms?
√ No				
☐ Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119).
Under penalt true and corr		eclare that I have read	the summary and sched	lles filed with this declaration and that they are
X /s/ Grace	G Denise Pet	it	X	

Signature of Debtor 2

MM / DD / YYYY

Date

Grace G Denise Petit, Debtor 1

MM / DD / YYYY

Date 03/05/2019

F	ill in this inf	ormation to ide	entify your cas	e:			
	ebtor 1	Grace	G Denise	Petit			
		First Name	Middle Name	Last Name			
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
U	nited States Ba	nkruptcy Court for t	he: DISTRICT O I	F MARYLAND			
C	ase number					☐ Check if th	ie ie an
(if	known)					amended f	
<u>Of</u>	ficial Form	107					
St	atement o	f Financial A	Affairs for In	dividuals F	iling for Bankr	uptcy	04/16
cor you	rect information rect information rectified in the rectified rectified in the rectified rectified rectified in the rectified r	on. If more space in use number (if known	s needed, attach a wn). Answer ever	a separate sheet ry question.		e equally responsible for s op of any additional page: efore	
1	What is your	current marital sta	atue?				
1.	Married Married Not marrie		itus :				
2.	_	st 3 years, have yo	ou lived anywhere	other than wher	e you live now?		
	✓ No ☐ Yes. List	all of the places yo	u lived in the last 3	years. Do not inc	clude where you live no	w.	
3.	(Community p				•	ity property state or territ ada, New Mexico, Puerto F	•
	✓ No ☐ Yes. Mak	xe sure you fill out S	Schedule H: Your C	Codebtors (Official	Form 106H).		
Р	art 2: Ex	plain the Sourc	es of Your Inc	ome			
4.	Fill in the total	amount of income	you received from	all jobs and all bu	ousiness during this years usinesses, including par gether, list it only once u		llendar years?
	□ No ☑ Yes. Fill i	n the details.					
			Debto	r 1		Debtor 2	
				s of income Ill that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		f the current year (es, commissions, ises, tips	\$5,208.43	Wages, commissions, bonuses, tips	
	-			rating a business		Operating a business	
For	the last calend	dar year:		es, commissions,	\$51,844.00	☐ Wages, commissions,	
(Jai	nuary 1 to Dece	ember 31, <u>2018</u>)	_	rating a business		bonuses, tips Operating a business	
For	the calendar y	ear before that:		es, commissions,	\$29,199.00	☐ Wages, commissions,	
(Jai	nuary 1 to Dece	ember 31, 2017)		rating a business		bonuses, tips Operating a business	

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Deb	otor 1	Grace G Denise Petit	Case number (if known)					
5.	Include i unemplo	receive any other income during this year or the two previous calend not not regardless of whether that income is taxable. Examples of other in yment; and other public benefit payments; pensions; rental income; interebling and lottery winnings. If you are in a joint case and you have income.	ncome are alimony; child support; Social Security; st; dividends; money collected from lawsuits; royalties;					
	List each source and the gross income from each source separately. Do not include income that you listed in line 4.							
	✓ No ☐ Yes.	Fill in the details.						
Р	art 3:	List Certain Payments You Made Before You Filed for E	Bankruptcy					
6.	Are eith	er Debtor 1's or Debtor 2's debts primarily consumer debts?						
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Constitution of the consti	- , ,					
		During the 90 days before you filed for bankruptcy, did you pay any cred	ditor a total of \$6,425* or more?					
		☐ No. Go to line 7.						
		Yes. List below each creditor to whom you paid a total of \$6,425* or total amount you paid that creditor. Do not include payments f child support and alimony. Also, do not include payments to a	or domestic support obligations, such as					
		* Subject to adjustment on 4/01/19 and every 3 years after that for case	s filed on or after the date of adjustment.					
	✓ Yes.	Debtor 1 or Debtor 2 or both have primarily consumer debts.						
		During the 90 days before you filed for bankruptcy, did you pay any cred	ditor a total of \$600 or more?					
		No. Go to line 7.						
		Yes. List below each creditor to whom you paid a total of \$600 or m creditor. Do not include payments for domestic support obliga Also, do not include payments to an attorney for this bankrupto	tions, such as child support and alimony.					
7.	Insiders corporati agent, in	year before you filed for bankruptcy, did you make a payment on a dinclude your relatives; any general partners; relatives of any general partners ons of which you are an officer, director, person in control, or owner of 20 cluding one for a business you operate as a sole proprietor. 11 U.S.C. § child support and alimony.	ers; partnerships of which you are a general partner; % or more of their voting securities; and any managing					
	✓ No ☐ Yes.	List all payments to an insider.						

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Deb	tor 1	Grace G Denise Petit	Case number (if known)
8.		1 year before you filed for bankruptcy, did you make any payments or ed an insider?	transfer any property on account of a debt that
	Include	payments on debts guaranteed or cosigned by an insider.	
	✓ No ☐ Yes	s. List all payments that benefited an insider.	
P	art 4:	Identify Legal Actions, Repossessions, and Foreclosur	es
9.	List all s	1 year before you filed for bankruptcy, were you a party in any lawsuit such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes.	•
	✓ No ☐ Yes	s. Fill in the details.	
10.	seized,	1 year before you filed for bankruptcy, was any of your property repos or levied? all that apply and fill in the details below.	sessed, foreclosed, garnished, attached,
		Go to line 11. 5. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a best from your accounts or refuse to make a payment because you owed	The state of the s
	✓ No ☐ Yes	s. Fill in the details.	
12.		1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes		
P	art 5:	List Certain Gifts and Contributions	
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	✓ No ☐ Yes	s. Fill in the details for each gift.	
14.		2 years before you filed for bankruptcy, did you give any gifts or contr charity?	ibutions with a total value of more than \$600
	✓ No ☐ Yes	s. Fill in the details for each gift or contribution.	

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Debtor 1 Grace G Denise Petit		Case number (if known)								
Pa	art 6:	List Cert	ain Lo	sses						
15.		l year before isaster, or ga	-		ptcy or since	you filed for ba	ınkruptcy, did y	ou lose anyt	hing because of th	neft, fire,
	✓ No ☐ Yes	. Fill in the de	etails.							
Pa	art 7:	List Cert	ain Pa	yments or	Transfers					
16.	anyone	you consult	ed abou	ut seeking bai	nkruptcy or pr	reparing a bank	cruptcy petition	?	or transfer any prop	
	□ No	. Fill in the de		uptcy petition p	oreparers, or cr	realt counseling	agencies for sei	rvices require	d for your bankrupte	cy.
	Isak La	aw Firm			Description	and value of a	ny property tra	nsferred	Date payment or transfer was made	Amount of payment
	Baltime	ore Pike			_				12/19/2018	\$550.00
					_					
Bel City	Air		MD State	21014 ZIP Code	-					
Emai	l or websit	e address			_					
Pers	on Who M	ade the Paymer	nt, if Not	You	_					
17.	anyone Do not i	who promis	ed to he	elp you deal v		itors or to mak	acting on your e payments to y		or transfer any pro 's?	perty to
	✓ No ☐ Yes	. Fill in the de	etails.							
18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other that property transferred in the ordinary course of your business or financial affairs?										
Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your pro Do not include gifts and transfers that you have already listed on this statement.							property).			
	✓ No ☐ Yes	. Fill in the de	etails.							
19.	you are					ou transfer any protection device		elf-settled tru	ust or similar devic	e of which
✓ No☐ Yes. Fill in the details.										

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Deb	otor 1	Grace G Deni	se Petit		Case number (if known)	
P	art 8:	List Certain	n Financial	Accounts, Instruments, Safe	Deposit Boxes, and Storage Un	nits
20.	benefit Include	, closed, sold, n checking, saving	noved, or trans gs, money mar	sferred? ket, or other financial accounts; certif	nts or instruments held in your name, o	•
	houses	, pension funds,	cooperatives, a	associations, and other financial insti	tutions.	
	✓ No ☐ Yes	s. Fill in the deta	ils.			
21.	•	now have, or d urities, cash, or	•	•	kruptcy, any safe deposit box or other	depository
	✓ No ☐ Yes	s. Fill in the deta	ils.			
22.		ou stored prope	rty in a storac	ge unit or place other than your hor	ne within 1 year before you filed for bar	nkruptcy?
	✓ No ☐ Yes	s. Fill in the deta	ils.			
P	art 9:	Identify Pro	operty You	Hold or Control for Someon	e Else	
23.	•	hold or control in trust for som	,, ,	that someone else owns? Include	any property you borrowed from, are s	toring for,
	□ No ☑ Yes	s. Fill in the deta	ils.			
				Where is the property?	Describe the property	Value
He					2014 VW Passat	
	er's Name	ie Highway				
Num				Number Street		
	n Burni		21061	City State 710 C	ndo.	
Gle City	n Burni	e MD State	21061 ZIP Code	City State ZIP Co	ode	

Deb	otor 1	Grace G Denise Petit Case number (if known)
Р	art 10:	Give Details About Environmental Information
For	the purp	oose of Part 10, the following definitions apply:
ı	hazardoı	mental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of is or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, is statutes or regulations controlling the cleanup of these substances, wastes, or material.
		ns any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.
		us material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic se, hazardous material, pollutant, contaminant, or similar item.
Rep	oort all n	otices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has an	y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental
	☑ No	s. Fill in the details.
25.	☑ No	ou notified any governmental unit of any release of hazardous material? 5. Fill in the details.
26.	_	ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and
	✓ No	s. Fill in the details.
Р	art 11:	Give Details About Your Business or Connections to Any Business
27.	Within busines	4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ss?
		A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation
		None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each business.
28.		2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include ncial institutions, creditors, or other parties.
	□ No	. Fill in the details below.

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Debtor 1	Grace G Denise Petit		Case number (if known)				
Part 12	: Sign Below						
that answer	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
X /s/ Gra	ce G Denise Petit	X					
Grace C	Denise Petit, Debtor 1	Signature of Debtor 2					
Date _	03/05/2019	Date					
Did you at	tach additional pages to Your Sta	tement of Financial Affairs for Ind	ividuals Filing for Bankruptcy (Official Form 107)?				
✓ No ☐ Yes							
Did you pa	ay or agree to pay someone who i	is not an attorney to help you fill o	out bankruptcy forms?				
√ No							
	lame of person		Attach the Bankruptcy Petition Preparer's Notice,				

UNITED STATES BANKRUPTCY COURT DISTRICT OF MARYLAND BALTIMORE DIVISION

IN RE: Grace G Denise Petit CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above na	amed Debtor	hereby verifies	that the attach	ed list of cre	ditors is true and	d correct to the	best of his/her
knov	vledge.							

Date 3/5/2019	Signature	
Date	Signature	

Allied Interstate, LLC PO Box 4000 Warrenton, VA 20188

AMCA/American Medical Collection Agency Attention: Bankruptcy 4 Westchester Plaza, Suite 110 Elmsford, NY 10523

ARS National Services, Inc PO Box 469046 Escondido, CA 92046-0765

Baltimore County Office Budget Finance c/o Dafne Sollon Esquire 400 Washington Avenue, RM 150 Towson, MD 21204

BGE P.O. Box 13070 Philadelphia, PA 19101

Brett and Stephanie Darling c/o Tapper and Fratto, LLC 90 Painters Mill Rd, Ste 230 Owings Mills, MD 21117

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Citicards Cbna Citi Bank PO Box 6077 Sioux Falls, SD 57117

City of Baltimore Parking Fine Section 200 Holliday Street Baltimore, MD 21202 Client Services, Inc 3451 Harry S Truman Blvd Saint Charles, MO 63301-4047

Conduent/Wells
Attn: Claims Department
PO Box 7051
Utica, NY 13504

Convergent Outsourcing, Inc 800 SW 39th St PO Box 98057 Renton, WA 98057

Cornerstone Financial Services fka ICS Financial Services Po box 507 Jarrettsville, MD 21084

Dept of Ed / 582 / Nelnet Attn: Claims PO Box 82505 Lincoln, NE 68501

Director of Finance City of Baltimore PO Box 13327 Baltimore, MD 21203

Discover P.O. Box 3025 New Albany, OH 43054

Discover Financial P.O. Box 30395 Salt Lake City, UT 84130-0395

EZ Pass Maryland Service Center PO Box 17600 Baltimore, MD 21297-7600 Fairfax County General District PO Box 10157 Fairfax, VA 22038

First Premier Bank Attn: Bankruptcy PO Box 5524 Sioux Falls, SD 57117

First Source Advantage, LLC 205 Bryant Woods South Amherst, NY 14228

JC Discount Tires 2102 Pulaski Highway Edgewood, MD 21040

JNR PO Box 948197 Maitland, FL 32794

LVNV Funding/Resurgent Capital Attn: Bankruptcy PO Box 10497 Greenville, SC 29603

M&T Bank P.O. Box 1302 Buffalo, NY 14240-1302

MTA PO Box 17600 Baltimore MD 21297

MVA 6601 Ritchie Highway NE Glen Burnie, MD 21062 National Credit Audit Corporation ATTN: Bankruptcy Dept. P.O. Box 515489 Dallas, TX 75251

National Recovery Agency Attn: Bankruptcy PO Box 67015 Harrisburg, PA 17106

National Recovery Agency 2491 Paxton St Harrisburg, PA 17111

Navient Attn: Bankruptcy PO Box 9000 Wiles-Barr, PA 18773

NJ EZ Pass PO Box 4971 Trenton, NJ 08650

NYC Dept of Finance Po Box 3600 New York, NY 10008

PennCredit PO Box 19456 Oaks, PA 19456

Phoenix Financial Services, LLC 8902 Otis Avenue, Ste 103A Indianapolis, IN 46126-1077

PNC Bank 2730 Liberty Avenue Pittsburg, PA 15222 ProCo PO Box 2462 Aston, PA 19014

Professional Account Management LLC PO Box 430 Milwawkee, WI 53201

Progressive Leasing 256 W Data DR Draper, UT 44166

Santander Consumer USA Attn: Bankruptcy PO Box 961245 Fort Worth, TX 76161

Scott and Associates, PC PO Box 115220 Carrollton TX 75011-5220

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

State of MD PO Box 17648 Baltimore, MD 21297

State of MD CCU 300 West Preston ST Baltimore, MD 21201

Syncb Bank/American Eagle Attn: Bankruptcy PO Box 965060 Orlando, FL 32896 Syncb/marlo Furniture Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Target
Attn: Bankruptcy
PO Box 9475
Minneapolis, MN 55440

Transworld Systems, Inc PO Box 15609 Wilmington, DE 19850-5609

Visa Dept Store National Bank/Macy's Attn: Bankruptcy PO Box 8053 Mason, OH 45040